

# INDIANA

Claimant Self Service System



**INITIAL CLAIM FILERS**

## Initial Claim Filers DRAFT Procedures

**CLAIMANT HOMEPAGE**

JOHN N JONES  
10 N. SENATE AVE, INDIANAPOLIS IN 46217

Overpayment Balance: \$0.00

Program	Start Date	End Date	Maximum Benefits	Weekly Benefits	Paid to Date	Status	View Initial Claim Summary	View Reactive Claim Summary
UI	08/24/2008	08/22/2009				Pending	<a href="#">View</a>	

Week End Date	Date Claimed	Date Paid	Amount Paid

Issue	Effective Date
Deductible Income	08/24/2008

**SMARTLINKS**

Your claimant homepage will show you claims that you have filed, along with your benefit amount. It will also show you when you've received payments and any issues delaying your payment.

You can return to your homepage whenever you'd like.



UIM/ Business Transition and Training  
Department of Workforce Development

# Welcome to CSS (Claimant Self Service System) For **Initial Claim Filers**

Welcome to the Claimant Self Service tutorial. This tutorial was developed to show you what to expect and how to navigate the screens you will see if you decide to file an Unemployment claim.

Claimant Self Service Logon - Microsoft Internet Explorer


File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <https://stg.dwd.in.gov/CSS/CSSLogon.htm> Go Links

Google Go Bookmarks 1662 blocked ATC Check Autolink AutoFill Send to Settings

Good Afternoon Friday, August 29, 2008 Help Contact Resources

**LOGON** 

**Please Logon** **Important Information**

Fields marked with an asterisk \* are required.

User Name \*

(3 - 20 characters)

Password \*

(6 - 20 characters)

**Important Change to Note:** Due to a change in security standards for Uplink CSS, you may be required to change your current User Name and/or Password. New standards require 3 - 20 characters for the User Name and 8 - 20 characters for the Password. You will be prompted to change your User Name and/or Password if they do not meet the new security standards.

Note: Passwords in Uplink are allowed to be mixed case (Upper and Lower Case).

If you are a first time user of Uplink, you must create a new account, even if you already have an account in CS3. To do this, click on the **New User** button.

If for any reason your Uplink account would need to be reset, you'll be instructed to click on the **New User** button to recreate your account.

Initial Claim Filers  
DRAFT Procedures

Good Morning Monday, August 25, 2008 Help | Contact | Resources

## CREATE ACCOUNT

**Sign Up For A New Account**

Fields marked with an asterisk \* are required.

First Name \* Robert

Middle Initial

Last Name \* Butler

Suffix

Social Security Number \* 111 - 11 - 1111

Date of Birth \* 04/21/1953 (mm/dd/yyyy)

Create a Username \* (3 - 20 characters) bbutler

Create a Password \* (8 - 20 characters)

Re-Enter your Password \*

Create your own security question \* color

Answer \* blue

**User Agreement**

### Website Terms of Use Agreement

- Definitions.**  
www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.
- Acceptance of Terms.**  
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use.

☐ I accept the User Agreement

After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

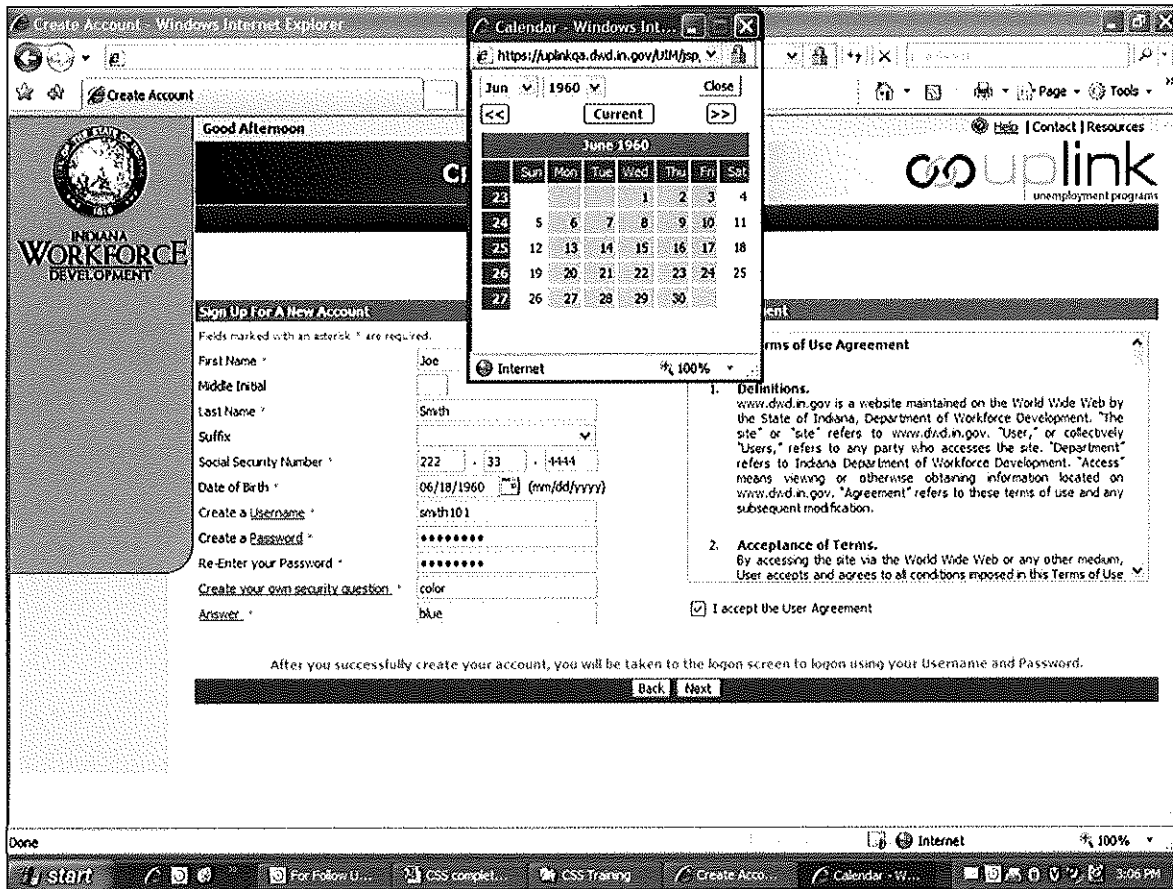
Back Next

You should complete all fields, but those fields with an asterisk just to the right are mandatory.

You will want to double check your Social Security Number to be sure you entered it correctly. The last time your Social Security Number will appear in Uplink will be on this screen.

Your Date of Birth must be entered in the format shown in the parentheses to the right of that field. You may also click the calendar icon to the right of the date field.

## Initial Claim Filers DRAFT Procedures



By doing so, a calendar will pop up, which you can use to select the year, month, and then the day. This will place the date chosen in the field. All date fields in Uplink have this option.

To create a new account, your Date of Birth must match the date you used when you filed your claim in the past.

## Initial Claim Filers DRAFT Procedures

CREATE ACCOUNT

Sign Up For A New Account

Fields marked with an asterisk \* are required.

First Name \* Joe

Middle Initial

Last Name \* Smith

Suffix

Social Security Number \* 222 - 33

Date of Birth \* 06/18/1960

Create a Username \* smith101

Create a Password \* \*\*\*\*\*

Re-Enter your Password \* \*\*\*\*\*

Create your own security question \* color

Answer \* blue

☒ I accept the User Agreement

After you successfully create your account, you will be taken to the login screen to login using your Username and Password.

Back Next

UPLINK HELP

Username

Enter a username which you will use every time you log in to the unemployment system. Your user name should be between 6 and 15 characters

You will then create a Username. The word **Username** is shown as a hyperlink. There are many words in Uplink that are hyperlinks. If you click on the hyperlink, a popup box will appear displaying the word's definition. In this case it will tell you a Username must be between 6 and 15 characters.

If a popup box fails to appear after clicking on a hyperlink, the most likely cause will be your computer's popup blocker. You will need to turn off all popup blockers before viewing definitions. The way to do this will vary depending on the version of the browser you are using.

## Initial Claim Filers DRAFT Procedures

Good Morning Monday, August 25, 2008 Help | Contact | Resources

# CREATE ACCOUNT

**Sign Up For A New Account** | **User Agreement**

Fields marked with an asterisk \* are required.

First Name \* Robert

Middle Initial

Last Name \* Butler

Suffix

Social Security Number \* 111 - 11 - 1111

Date of Birth \* 04/21/1953 (mm/dd/yyyy)

Create a Username \* (3 - 20 characters) bbutter

Create a Password \* (8 - 20 characters) \*\*\*\*\*

Re-Enter your Password \* \*\*\*\*\*

Create your own security question \* color

Answer \* blue

### Website Terms of Use Agreement

- Definitions.**  
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- Acceptance of Terms.**  
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use.

☐ I accept the User Agreement

After you successfully create your account, you will be taken to the login screen to login using your Username and Password.

Back Next

After you enter your Username, double check to be sure you did not misspell it. Misspelled Usernames are a common problem for many new Uplink customers. You will need your Username to log in to Uplink in the future.

Next you will need to enter a password, reenter it, and create a security question and answer. Keep in mind your password is case sensitive. You'll want to make your security question is a question you will be able to answer later. Make sure you did not misspell your answer. Misspelled security answers are also a common problem for Uplink customers. Keep in mind the answer you type is also case sensitive. Examples of a security question are "What is my mother's maiden name?" or "What is my favorite color?"

Next, you must read and accept (by checking the box) the User Agreement on the right and when you are finished, be sure to click the **Next** button.



## Initial Claim Filers DRAFT Procedures

Do not use the **Enter** key on your computer's keyboard. This may cause you to lose the information you just entered.

Microsoft Internet Explorer - Create Account Confirmation

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address: Search Web Mail My Yahoo! Mobile Travel Games Music Answers

Good Afternoon Tuesday, June 26, 2007 Help Contact Resources

**CREATE ACCOUNT CONFIRMATION** couplink unemployment programs

**Sign Up For A New Account** User Agreement

Fields marked with an asterisk \* are required.

First Name \*  
Middle Initial  
Last Name \*  
Suffix  
Social Security Number \*  
Date of Birth \* (mm/dd/yyyy)  
Create a Username \*  
Create a Password \*  
Re-Enter your Password \*  
Create your own security question \*  
Answer \*

**Website Terms of Use Agreement**

- Definitions.**  
www.dwd.in.gov is a website maintained on the World Wide Web by the State of Indiana, Department of Workforce Development. "The site" or "site" refers to www.dwd.in.gov. "User," or collectively "Users," refers to any party who accesses the site. "Department" refers to Indiana Department of Workforce Development. "Access" means viewing or otherwise obtaining information located on www.dwd.in.gov. "Agreement" refers to these terms of use and any subsequent modification.
- Acceptance of Terms.**  
By accessing the site via the World Wide Web or any other medium, User accepts and agrees to all conditions imposed in this Terms of Use

☐ I accept the User Agreement

Please take time to check your Social Security Number and Date of Birth. This information will be verified with the Social Security Administration.

After you successfully create your account, you will be taken to the logon screen to logon using your Username and Password.

Back Next

Done local intranet

start CSS for ... Macrom... voucher... Video C... Create ... http://b... 1:49 PM

After you verify your Social Security Number and Date of Birth, click the **Next** button.

## Initial Claim Filers DRAFT Procedures

Initial Claim Filers  
DRAFT Procedures

Address: <https://stg.dwd.in.gov/CSS/CSSLogin.htm?accountCreated=true>

Good Afternoon Friday, August 29, 2008

**LOGON**

uplink  
unemployment program

Congratulations, you have successfully created an account. Please login using the User ID and Password you specified.

**Please Logon**

Fields marked with an asterisk \* are required.

User Name \* (3 - 20 characters)

Password \* (8 - 20 characters)

**Important Information**

Welcome to the Indiana Department of Workforce Development Claimant Self Service Website.

**First Time Using Uplink ?** Click on the New User button to begin the process of creating an account.

As some browser buttons can cause unexpected results, please do not use the BACK button or any other external browser buttons. Use only the navigation buttons provided within Uplink. Also, Uplink uses some pop up windows to display certain information such as help content and various other links. Most pop up blocker programs allow you to hold down the "Ctrl" key on your keyboard while clicking a link, to allow a pop up window to open.

**Important Change to Note:** Due to a change in security standards for Uplink CSS, you may be required to change your current User Name and/or Password. New standards require 3 - 20 characters for the User Name and 8 - 20 characters for the Password. You will be prompted to change your User Name and/or Password if they do not meet the new security standards.

Note: Passwords in Uplink are allowed to be mixed case (Upper and Lower Case).

Now that you have an account established, you will be asked to logon. This is done by entering your newly created user name and password, and clicking the **Logon** button.

If you forget your username or password, you can click on the appropriate button. You will then be asked for your Social Security number and date of birth, and be required to answer your security question. Once this information is successfully entered, your password will be reset. You must then create and reenter a new password.

If you clicked on the **Forgot Username** button, pay close attention to the Username that will be displayed for you after you enter your security answer. This is how you will need to spell your Username when you log back in.


Claimant Registration : Personal Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites 1662 blocked Check AutoLink AutoFill Send to Settings

Address <https://stg.dwd.in.gov/CSS/CSSClaimantRegistrationName.htm> Go Links

Google Go Bookmarks 1662 blocked Check AutoLink AutoFill Send to Settings



**INDIANA**  
**WORKFORCE**  
**DEVELOPMENT**

Good Afternoon Friday, August 29, 2008 [Help](#) | [Contact](#) | [Resources](#) | [Logoff](#)

## CLAIMANT REGISTRATION : PERSONAL INFORMATION

**couplink**  
unemployment program

**Please provide your personal information**

Fields marked with an asterisk \* are required.

Date of Birth *	<input type="text" value="04/21/1953"/> (mm/dd/yyyy)
<b>Personal Information</b>	
Last Name *	<input type="text" value="JONES"/>
<b>Address</b>	
First Name *	<input type="text" value="JOHN"/>
<b>Contact Information</b>	
Middle Initial	<input type="text" value="N"/>
<b>Demographics</b>	
Other Last Name worked under 1	<input type="text"/> Note: We only need other last names you have worked under in the last 18 months
Other Last Name worked under 2	<input type="text"/>
Other Last Name worked under 3	<input type="text"/>
Suffix	<input type="text"/>
Gender *	<input type="text" value="Male"/>

Be sure to double check your Date of Birth while you are on this screen. This will be the only time you'll be permitted to correct it.

## Initial Claim Filers DRAFT Procedures

Claimant Registration : Address - Microsoft Internet Explorer


File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Print Mail

Address <https://sig.dwd.in.gov/CSS/CSSClaimantAddress.htm> Go Links

Google G Go Bookmarks 1662 blocked Check AutoLink AutoFill Send to Settings

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help Contact Resources Logoff

**CLAIMANT REGISTRATION : ADDRESS** 

**JOHN N JONES**

Please provide your address information

Fields marked with an asterisk \* are required.

Country*	USA
Mailing Address*	10 N. Senate Ave
Mailing Address City*	Indianapolis
Mailing Address State*	Indiana
Mailing Address Zip code*	46217
Select a Workone center:	INDPLS, EASTSIDE

Next

**INDIANA WORKFORCE DEVELOPMENT**

- Personal Information
- Address
- Contact Information
- Demographics

You will enter your address on this screen.

## Initial Claim Filers DRAFT Procedures

Claimant Registration : Contact - Microsoft Internet Explorer


File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites RSS Print AutoFill Send to Settings

Address <https://stg.dwd.in.gov/CSS/CSSContactInformation.htm> Go Links

Google  Go Bookmarks 1662 blocked Check Autofill AutoFill Send to Settings

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help | Contact | Resources | Logoff

**CLAIMANT REGISTRATION : CONTACT**  unemployment programs

**JOHN N JONES**

Please provide your contact information

Home Telephone	111-111-1111	(xxx-xxx-xxxx)
Alternate Telephone	111-222-2222	(xxx-xxx-xxxx)
Cellular Telephone		(xxx-xxx-xxxx)
Fax Number		(xxx-xxx-xxxx)
Email Address		(xxx@yyy.zzz)

Next

**INDIANA WORKFORCE DEVELOPMENT**

Personal Information

Address

Contact Information

Demographics

Done Internet

start Unread Mail - Mic... Screen Shots - Me... Claimant Registrat... Microsoft PowerP... 12:15 PM

Contact information is not mandatory, but recommended. This will help us contact you quickly due to any problems with your claim. The correct format must be entered.

## Initial Claim Filers DRAFT Procedures

The screenshot shows a web browser window titled "Claimant Registration - Demographics - Microsoft Internet Explorer". The address bar displays "https://stg.dwd.in.gov/CSS/CSSClaimantDemographics.htm". The page header includes "Good Afternoon JOHN N JONES" and "Friday, August 29, 2008". The main heading is "CLAIMANT REGISTRATION : DEMOGRAPHICS" with a "couplink" logo for unemployment programs. The user's name "JOHN N JONES" is displayed. The form prompts the user to "Please provide your Demographic information" and notes that fields marked with an asterisk are required. The form fields are as follows:

Section	Field	Value
Personal Information	Education Level *	12 - Twelfth Grade
	Race *	White
	Ethnicity *	Not Hispanic Or Latino
Contact Information	Disabled *	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Veteran *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Demographics	Citizen *	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Enter alien registration number only if not a citizen. <input type="text"/>	

A "Next" button is located at the bottom of the form.

You are then asked for demographic information. You must select your Education Level, Race and Ethnicity, (these two for statistical purposes) and answer Yes or No for if you are Disabled, a Veteran, and/or a Citizen. If you are not a Citizen, an Alien Registration number must be entered.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Initial Filing - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites Print Mail Send to Settings

Address <https://stg.dwd.in.gov/CSS/CSSInitialFiling.htm> Go Links

Google  Go Bookmarks 1662 blocked Check AutoLink AutoFill Send to Settings

**INDIANA WORKFORCE DEVELOPMENT**

Good Afternoon JOHN N JONES Friday, August 29, 2008 [Help](#) [Contact](#) [Resources](#) [Logoff](#)

### APPLY FOR BENEFITS : INITIAL FILING

**couplink**  
unemployment program

**JOHN N JONES**

Fields marked with an asterisk \* are required.

Initial Filing	Has all of your employment been in <u>Self-Employment</u> since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Employment	Have you applied for benefits in another state at any time since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Separation	Has all of your employment been in another state since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other	Has any of your employment been in another state since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Work Search	Do you currently reside in Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Occupation	Have you been employed by the military since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Summary	Have you been employed by the Federal Government since 04/01/2007? *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Submit	At this moment are you in the State of Indiana? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Confirmation	<a href="#">Next</a>	

start Unread Mail - Mic... Screen Shots - Me... Apply for Benefits... Microsoft PowerP... 12:18 PM

You are now registered in Uplink. The next series of questions are to be answered for filing a claim. The need for further information or direction is determined by the answers to the questions on this screen. The answers also determine what type of claim you are filing.

## Initial Claim Filers DRAFT Procedures

Initial Claim Filers  
DRAFT Procedures

Good Afternoon GENE HILDEBRANDT Wednesday, August 27, 2008

**APPLY FOR BENEFITS : INITIAL FILING**

GENE HILDEBRANDT

Fields marked with an asterisk \* are required.

Have you filed for Workers' Compensation for an injury you received on the job since 04/01/2007? \* ☐ Yes ☒ No

If you answered 'Yes' to the question above, please provide your date of injury:  (mm/dd/yyyy)

Are you currently self-employed? \* ☐ Yes ☒ No

Are you currently attending school or training? \* ☐ Yes ☒ No

Is there a medical reason you cannot accept full-time work? \* ☐ Yes ☒ No

Is there any other reason you cannot accept immediate full-time employment? \* ☐ Yes ☒ No

Are you able and available for full-time work? \* ☒ Yes ☐ No

Hint: Be sure to answer Yes to this question if you are ready, willing and able to accept full-time work and start that job when offered. Also answer Yes if you have been laid off and you have a return to work date; or if you are a member of a union with a hiring hall.

[Next](#)

Answers to these questions determine the need for further fact finding as well.

Be sure to read each question carefully before answering. An answer to some of these questions could require further fact finding, and answering incorrectly could create a delay on your claim. For example, you must still be able and available for full-time work even if you are job-attached and excused from looking for work.

If you are unsure how to answer any of these questions you may contact Indiana Department of Workforce Development's Uplink Customer Service Center by calling 1-800-891-6499 for assistance.



## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Separating Employer - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://stg.dwd.in.gov/CSS/CSSEmployerInfo.htm>

Google  Go Links

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help Contact Resources Logoff

**APPLY FOR BENEFITS : SEPARATING EMPLOYER** uplink unemployment programs

JOHN N JONES

Your base period is from 04/01/2007 to 03/31/2008.

Employer Name	Select your Last Employer	Dates of Employment
MONACO COACH CORPORATION, DBA MONACO COACH CORPORATION	<input type="radio"/>	06/04/2001 (mm/dd/yyyy) to 08/29/2008 (mm/dd/yyyy) Remove

Note: The end date is required for the last employer

If your last employer is not listed above, use one of the following buttons to add your last employer.

Note: A last employer must be selected above before continuing

Names of employers you have worked for in the past will automatically appear on this screen. If one of the employers listed is your most recent employer, (the very last employer you worked for, even if it's part-time) you should click on the appropriate circle in the **Select your Last Employer** column, enter the dates of employment, and click on Next at the bottom of the screen.

It is very important to only select your very last employer, even if you were working part-time. If none of the employers you worked for during the last 18 months are listed, or employers are listed that you do not recognize, you may have accidentally mistyped your Social Security Number when establishing your account. You will want to immediately log off and click the **New User** button to recreate your account. Be sure to use a completely different Username this time. If you still have the same problem when you get to this screen the second time, contact Indiana Department of Workforce Development's Uplink Customer Service Center for assistance by calling 1-800-891-6499.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Separation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://stg.dwd.in.gov/CSS/CSSSeparation2.htm?action=pageRefresh>

Google [Go](#) [Links](#)

Good Afternoon JOHN N JONES Friday, August 29, 2008 [Help](#) [Contact](#) [Resources](#) [Logoff](#)

**APPLY FOR BENEFITS : SEPARATION** **couplink**  
unemployment programs

JOHN N JONES

Employer Name: \_\_\_\_\_

Reason Employment ended: \* Laid Off/Lack of Work Select the reason you were separated from your most recent employment

If Quit or Discharge, select the reason why? ▼

Will you be returning to work for this employer and have been given a return to work date? \* ☐ Yes ☒ No

If you will be returning to work for this employer, enter return to work date: mm/dd/yyyy

Last date for which wages will be paid: \* 08/29/2008 mm/dd/yyyy

Will you/are you receiving separation pay from this employer? \* ☐ Yes ☒ No

Will you/are you receiving vacation pay from this employer? \* ☒ Yes ☐ No Mark "yes" if you are being paid accrued vacation pay

[Next](#)

Done

start Unread Mail - Mic... Screen Shots - Me... Apply for Benefits... Microsoft PowerP... 12:23 PM

Here, you will select the reason your employment ended along with other information regarding your separation.

The last date for which wages will be paid is the last day you were actually paid for, not the day you received your last paycheck. In other words, if you last worked on a Wednesday the 8<sup>th</sup> and were paid for 2 additional days of vacation through Friday the 10<sup>th</sup>, the last date for which wages will be paid to you would be that Friday the 10<sup>th</sup>, even if you don't get your check until the 17<sup>th</sup>.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Other Separation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://stg.dwd.in.gov/CSS/CSSOtherInfo.htm> Go Links

Google [C](#) Go Bookmarks 1662 blocked Check AutoLink AutoFill Send to Settings

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help Contact Resources Logoff

### APPLY FOR BENEFITS : OTHER SEPARATION

**couplink**  
unemployment programs

JOHN N JONES

Fields marked with an asterisk \* are required.

Will you file your weekly claims using the Internet or by using paper forms? \* ☐ Paper ☒ Internet

Are you currently receiving any disability benefits? \* ☐ Yes ☒ No

Are you a member in good standing of a union with a hiring hall? \* ☐ Yes ☒ No

Union Dues Paid Through Date  (mm/dd/yyyy)

Are you/will you receive pension pay from a base period employer? \* ☐ Yes ☒ No

Did you/will you receive either a 401K lump sum distribution or a 401K monthly distribution from a base period employer? ☐ Yes ☒ No

If you are eligible to receive benefits, would you like Federal income tax withheld from your claim check? \* ☒ Yes ☐ No

Do you have a definite start / return to work date with any employer you have not told us about on a previous screen? \* ☐ Yes ☒ No

If yes, what is your start / return to work date?  (mm/dd/yyyy)

Next

You will answer more pertinent questions on this screen.

You will mark **Yes** to “**Are you/will you receive a pension from a base period employer**” only if you are planning to collect a pension during your unemployment claim period. For example, if you are 30 years old and are not planning on receiving your pension from this employer until you turn 65, you would answer **No** to this question.

**\*For faster payment, choose internet voucher filing.**

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Work Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Print Mail News RSS Feeds

Address <https://stg.dwd.in.gov/CSS/CSSWorkSearch.htm> Go Links

Google Go Bookmarks 1662 blocked Check AutoLink AutoFill Send to Settings

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help Contact Resources Logoff

### APPLY FOR BENEFITS : WORK SEARCH

**couplink**  
unemployment programs

JOHN N JONES

Fields marked with an asterisk \* are required.

Primary occupation you are looking for : \*

Secondary occupation you are looking for :

Select a WorkOne center for work search help:

What was your rate of pay from MONACO COACH CORPORATION, DBA MONACO COACH CORPORATION: \* \$ 18 per Hour

Lowest rate of pay you are willing to accept: \* \$ 18 per Hour

If you have stated a higher wage than your last wage, please explain why?

**INDIANA WORKFORCE DEVELOPMENT**

- Initial Filing
- Employment
- Separation
- Other
- Work Search
- Occupation
- Summary
- Submit
- Confirmation

start Unread Mail - Mic... Screen Shots - Me... Apply for Benefits... Microsoft PowerP... 12:25 PM

You will then answer questions regarding the type of work and rate of pay you wish to accept. You will also select the WorkOne center you wish to visit to assist with your work search.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Occupation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://stg.dwd.in.gov/CSS/CSSOccupation.htm?action=searchOccupationByStartingLetter&letter=A> Go Links

Google [G](#) Go Bookmarks 1662 blocked Check AutoLink AddFid Send to Settings

Good Afternoon JOHN N JONES Friday, August 29, 2008 Help Contact Resources Logoff

**APPLY FOR BENEFITS : OCCUPATION** couplink unemployment programs

JOHN N JONES

Select your occupation below by either selecting the letter of the name your occupation begins with or entering the name.  
This information is used for statistical purposes only. If you are not able to find an exact match, choose one that best represents your occupation.

ABCDEFGHIJKLMNOPQRSTUVWXYZ

OR

Enter occupation here Search

**Search Results**

Please select from the following list:

<input type="radio"/> Armored Assault Vehicle Officers	<input type="radio"/> Art Directors
<input type="radio"/> Art, Drama, and Music Teachers, Postsecondary	<input type="radio"/> Artillery and Missile Crew Members
<input type="radio"/> Artillery and Missile Officers	<input type="radio"/> Artists and Related Workers, All Other
<input checked="" type="radio"/> Assemblers and Fabricators, All Other	<input type="radio"/> Assessors
<input type="radio"/> Astronomers	<input type="radio"/> Athletes and Sports Competitors

Next

You must then select the job title that best describes your occupation. You may do so by clicking on the letter your occupation begins with or by typing your occupation in the search box and clicking on **Search**. You may need to scroll to the right to see the **Search** link.

By performing either of these methods of searching, a list of occupations to choose from will be displayed. You may continue searching until you find the occupation that best matches your own.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Summary - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Print Mail

Address <https://etg.dwd.in.gov/CSS/SelectOccupation.htm> Go Links

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Good Afternoon JOHN H JONES Friday, August 29, 2008 [Help](#) | [Contact](#) | [Resources](#) | [Logout](#)

### APPLY FOR BENEFITS : SUMMARY

**JOHN H JONES**

**unemployment programs**

Please carefully review each section of the information you have provided.  
If you need to change something, select 'Edit' button which will take you back to that section to make changes.

**Personal Information**

First Name:	JOHN	Middle Initial:	N
Last Name:	JONES	Suffix:	
Date of Birth:	04/21/1953	Gender:	Male
Other Last Name worked under 1:			
Other Last Name worked under 2:			
Other Last Name worked under 3:			

**Summary** [Edit](#)

Country:	USA	Mailing Address:	10 N. SENATE AVE,
Mailing Address City:	Indianapolis	Mailing Address State:	IN
Mailing Address Zip code:	46217		

**Home Telephone:** 111-111-1111 **Alternate Telephone:** 111-222-2222

**Cellular Telephone:** **Fax Number:**

**Email Address:**

[Edit](#)

start Unread Mail - Mic... Screen Shots - Me... Apply for Benefits... Microsoft PowerP... 12:26 PM

The summary page will then be displayed. You should review the entries you made while scrolling to the bottom of the page. Clicking on the **Edit** button below any of the sections will take you to the applicable screen to make any corrections/additions needed.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Summary - Microsoft Internet Explorer

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Address <https://stg.dwd.in.gov/CSS/CSSSelectOccupation.htm> Go Links

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Union Dues Paid Through Date

Are you/will you receive pension pay from a <u>base period</u> employer?	No
Did you/will you receive either a 401K lump sum distribution or a 401K monthly distribution from a <u>base period</u> employer?	No
If you are eligible to receive benefits, would you like Federal income tax withheld from your claim check?	Yes
Do you have a definite start / return to work date with any employer you have not told us about on a <u>previous screen</u> ?	No
If yes, what is your start / return to work date?	

Edit

**Work Search**

Primary occupation you are looking for :	Assembly Worker
Secondary occupation you are looking for :	Fabricator
Nearest workforce one center:	ELKHART
What was your rate of pay from MONACO COACH CORPORATION, DBA MONACO COACH CORPORATION:	18.00 per Hour
Lowest rate of pay you are willing to accept:	18.00 per Hour
If you have stated a higher wage than your last wage, please explain why?	

Edit

**Occupation**

Occupation:	Assemblers and Fabricators, All Other
-------------	---------------------------------------

Edit

Once you have reviewed all of the above information, select 'Next' below

Print Next

start | Unread Mail - Mic... | Screen Shots - Me... | Apply for Benefits... | Microsoft PowerP... | 12:26 PM

Once you are satisfied with all answers given, you may click the **Print** button to print this page if desired. Then click on the **Next** button.

## Initial Claim Filers DRAFT Procedures

Apply for Benefits : Submit Claim - Windows Internet Explorer

Good Afternoon JOE SMITH Monday, December 4, 2006

**APPLY FOR BENEFITS : SUBMIT CLAIM**

JOE SMITH

Claim Effective Date : 12/03/2006

Penalties for Falsification

**WARNING**  
**IMPORTANT UNEMPLOYMENT INSURANCE INFORMATION**

I understand that I must report all earnings from employment or self-employment regardless of source, including:

**Benefits Rights and Information**

For a full description of Benefits, Rights and Information, [click here](#) to read the Claimant Handbook. You may print the handbook if you wish. The Claimant Handbook is available on our website at <https://iuplink.in.gov>. By clicking the button "Yes, I agree-File My Claim" you are agreeing to the responsibilities in the Claimant Handbook and indicating that you understand the Penalties for Falsification above.

**Terms and Policies**

1) In applying for unemployment benefits, I understand I am required to read the Claimant Handbook. 2) I understand I must be fully or partially unemployed, able and available to work.

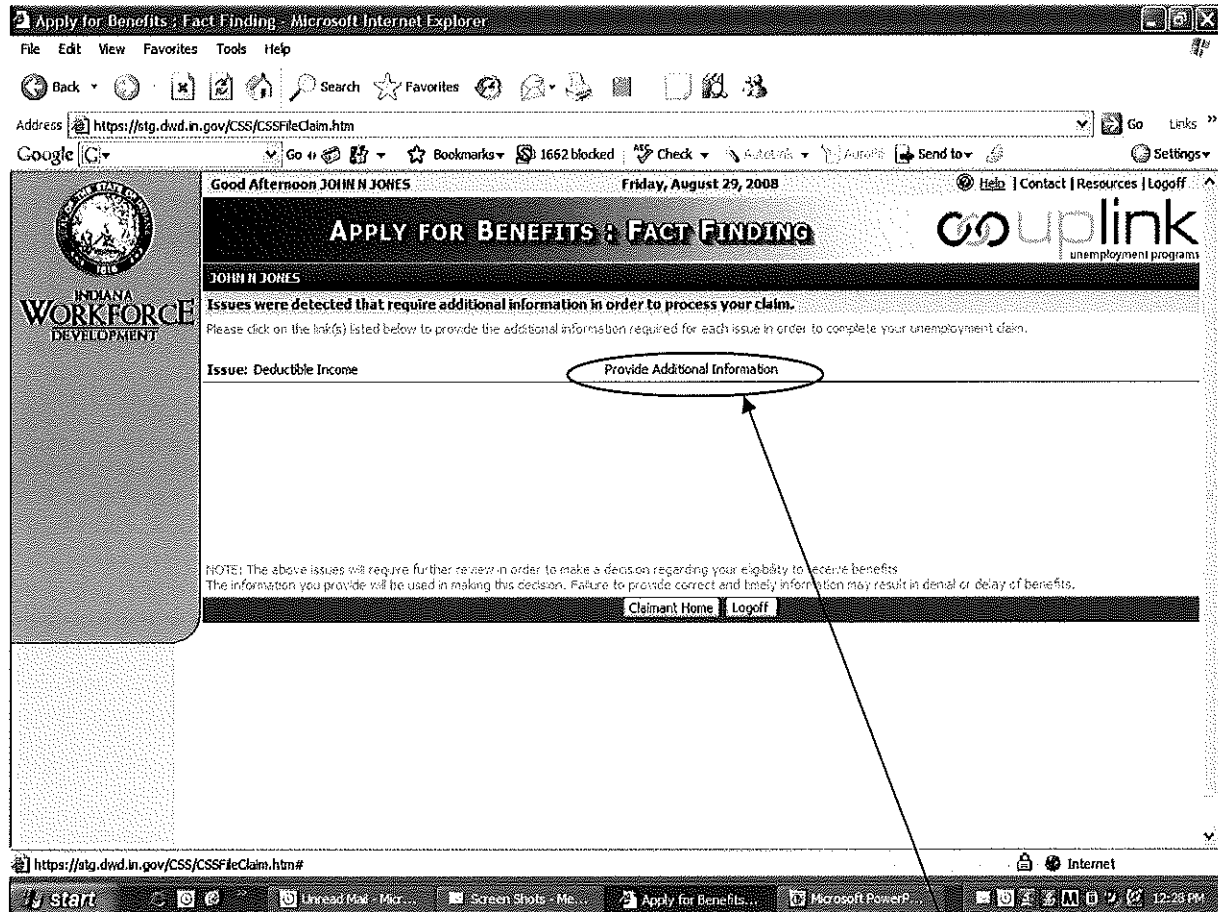
You will then be given information regarding Penalties for Falsification (you must use the scroll bar to the right of this section to read all of this very important information), Benefits Rights and Information, and Terms and Policies.

Then you may choose to agree to the information and file your claim, or you may choose not to agree. If you choose not to agree, you will be given information stating your entries will be kept on file for seven days in case you change your mind and decide to file your claim.

Your claim will not be filed until you agree to file your claim.



## Initial Claim Filers DRAFT Procedures



Once you complete your regular claim filing process, you will see a link to provide additional information related to issues on your claim. If you will receive vacation or separation pay, you will need to click the link marked "Provide Additional Information."

## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

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Address <https://stg.dwd.in.gov/CSS/FacFinding.htm?claimId=3544466&issueId=10175539&issueTypeCd=D1&referer=NEWCLAIM&start=true> Go Links

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Good Afternoon Friday, August 29, 2008 Help Contact Resources

**INDIANA WORKFORCE DEVELOPMENT**

**couplink**  
unemployment programs

In the week for which you are claiming benefits, did you receive any of these payments: vacation pay, holiday pay or severance pay? Yes

If No, when you completed your claim, you said you were receiving either vacation, holiday or severance pay? Why has your answer changed? (After you answer this question, SKIP to the bottom of the page and click NEXT)

Did you receive, or will you receive, holiday pay? (If NO, SKIP to the bottom of the page and click NEXT) No

What employer is paying the holiday pay?

Is the holiday in the week for which you are claiming benefits?

What is your regular rate of pay with this employer?

How many hours a week are you regularly scheduled for with this employer?

What is the gross amount (amount before deductions) of the holiday pay? \$

Next  
424

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Your answers should match the answers above. Since you are not receiving any holiday pay, you don't have to answer the remaining questions on this page.

Click next (circled) at the bottom of the page to go to the next page.

## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

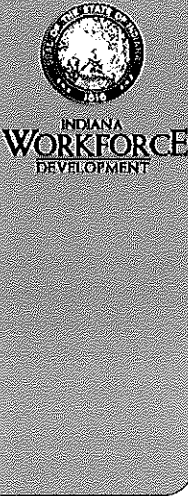
File Edit View Favorites Tools Help


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Address [https://stg.dwd.in.gov/CSS/FactFinding.htm?page\\_action=submit](https://stg.dwd.in.gov/CSS/FactFinding.htm?page_action=submit) Go Links

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Good Afternoon Friday, August 29, 2008 Help Contact Resources

 **INDIANA**  
**WORKFORCE**  
DEVELOPMENT



Did you receive, or will you receive, vacation pay? (If NO, SKIP to the bottom of the page and click NEXT) Yes

What employer is paying the vacation pay? Monaco Coach

When was it paid to you or when will it be paid to you? 09/05/2008 (MM/DD/YYYY)

When was your last regularly scheduled payday? 09/05/2008 (MM/DD/YYYY)

What is your regular pay schedule? Once a week

If you selected OTHER, please explain.

What was your rate of pay in dollars per hour? \$ 15.00

How many hours a week are you regularly scheduled for with this employer? 40+

What is the total gross amount (amount before deductions) of the vacation pay? \$ 1200

Next  
340

Done

start Unread Mail - Mic... Screen Shots - Me... Dynamic Fact Find... Microsoft PowerP... 12:30 PM

Your answers should match the answers above, except that you must enter your own rate of pay and payment amount.

Click Next (circled) at the bottom of the page to continue.



## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address [https://stg.dwd.in.gov/CSS/FactFinding.htm?page\\_action=submit](https://stg.dwd.in.gov/CSS/FactFinding.htm?page_action=submit) Go Links

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Good Afternoon Friday, August 29, 2008 Help Contact Resources

**INDIANA WORKFORCE DEVELOPMENT**

**couplink**  
unemployment programs

Did you receive, or will you receive, severance pay? (If NO, SKIP to the bottom of the page and click NEXT)

What employer is paying the severance pay?

What was your last day of work for this employer?  (MM/DD/YYYY)

What is your regular rate of pay with this employer?

How many hours a week are you regularly scheduled for with this employer?

What is the total gross amount (amount before any deductions) of the severance pay? \$

When was it paid to you or when will it be paid to you?  (MM/DD/YYYY)

**Next**  
**341**

Done Internet

start Unread Mail - Mic... Screen Shots - Me... Dynamic Fact Find... Microsoft PowerP... 12:31 PM

If you are receiving severance pay you should answer "yes" then complete the remaining questions. If you answer "no", you don't need to answer the remaining questions.

Click Next (circled) to continue.

## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address [https://stg.dwd.in.gov/CSS/FactFinding.htm?page\\_action=submit](https://stg.dwd.in.gov/CSS/FactFinding.htm?page_action=submit) Go Links

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Good Afternoon Friday, August 29, 2008 Help Contact Resources

**INDIANA WORKFORCE DEVELOPMENT**

**couplink**  
unemployment programs

For best customer service, please provide a valid contact telephone number.

The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution.

111-111-1111

Next

41

Done

start Unread Mail - Micr... Screen Shots - Me... Dynamic Fact Find... Microsoft PowerP... 12:31 PM

Enter the phone number where you can best be reached in the circled box. This is the number our staff will use if they need to contact you regarding eligibility for benefits. It's very important that you provide a working number where you can be reached.

Click Next at the bottom of the page to continue.

## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Print

Address [https://stg.dwd.in.gov/CSS/FactFinding.htm?page\\_action=submit](https://stg.dwd.in.gov/CSS/FactFinding.htm?page_action=submit) Go Links

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**WORKFORCE DEVELOPMENT**

**Summary**

In the week for which you are claiming benefits, did you receive any of these payments: vacation pay, holiday pay or severance pay? Y

If No, when you completed your claim, you said you were receiving either vacation, holiday or severance pay? Why has your answer changed? (After you answer this question, SKIP to the bottom of the page and click NEXT)

Did you receive, or will you receive, holiday pay? (If NO, SKIP to the bottom of the page and click NEXT) N

What employer is paying the holiday pay?

Is the holiday in the week for which you are claiming benefits?

What is your regular rate of pay with this employer?

How many hours a week are you regularly scheduled for with this employer?

What is the gross amount (amount before deductions) of the holiday pay?

Did you receive, or will you receive, vacation pay? (If NO, SKIP to the bottom of the page and click NEXT) Y

What employer is paying the vacation pay? Monaco Coach

When was it paid to you or when will it be paid to you? 09/05/2008

When was your last regularly scheduled payday? 09/05/2008

What is your regular pay schedule? Once a week

If you selected OTHER, please explain.

What was your rate of pay in dollars per hour? 15.00

How many hours a week are you regularly scheduled for with this employer? 40+

What is the total gross amount (amount before deductions) of the vacation pay? 1200

Did you receive, or will you receive, severance pay? (If NO, SKIP to the bottom of the page and click NEXT) N

What employer is paying the severance pay?

What was your last day of work for this employer?

What is your regular rate of pay with this employer?

How many hours a week are you regularly scheduled for with this employer?

Done Internet

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A summary of your answers to the previous questions will be displayed on this summary page. Please make sure that they are correct.

## Initial Claim Filers DRAFT Procedures

Dynamic Fact Finding - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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Address [https://stg.dwd.in.gov/CSS/FactFinding.htm?page\\_action=submit](https://stg.dwd.in.gov/CSS/FactFinding.htm?page_action=submit) Go Links

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Is the holiday in the week for which you are claiming benefits?  
What is your regular rate of pay with this employer?  
How many hours a week are you regularly scheduled for with this employer?  
What is the gross amount (amount before deductions) of the holiday pay?  
Did you receive, or will you receive, vacation pay? (If NO, SKIP to the bottom of the page and click NEXT) Y  
What employer is paying the vacation pay? Monaco Coesh  
When was it paid to you or when will it be paid to you? 09/05/2008  
When was your last regularly scheduled payday? 09/05/2008  
What is your regular pay schedule? Once a week  
If you selected OTHER, please explain.  
What was your rate of pay in dollars per hour? 15.00  
How many hours a week are you regularly scheduled for with this employer? 40+  
What is the total gross amount (amount before deductions) of the vacation pay? 1200  
Did you receive, or will you receive, severance pay? (If NO, SKIP to the bottom of the page and click NEXT) N  
What employer is paying the severance pay?  
What was your last day of work for this employer?  
What is your regular rate of pay with this employer?  
How many hours a week are you regularly scheduled for with this employer?  
What is the total gross amount (amount before any deductions) of the severance pay?  
When was it paid to you or when will it be paid to you?  
For best customer service, please provide a valid contact telephone number. 111-111-1111  
The information I have provided is true and correct to the best of my knowledge. I understand that providing false information or failing to provide information may result in disqualification, overpayments, penalties or prosecution. Y

Continue Print

Done

start Unread Mail - Mic... Screen Shots - Ma... Dynamic Fact Find... Microsoft PowerP... 12:32 PM

If you'd like to print your summary page, click Print to do so at this time.

When are finished printing, click Continue at the bottom of the page.



## Initial Claim Filers DRAFT Procedures

**Apply for Benefits : File Claim Confirmation - Microsoft Internet Explorer**

Address: <https://stg.dwd.in.gov/CSS/CSSConfirmation.htm>

Good Afternoon JOHN N JONES Friday, August 29, 2008

### APPLY FOR BENEFITS : FILE CLAIM CONFIRMATION

**JOHN N JONES**

Your claim has been filed. The provided confirmation number is for tracking purposes. Copy it and keep it in a safe place until you receive your notice of eligibility and your first check payment or a notice of ineligibility. You may want to print this page in order to have the contact information handy.

Confirmation number: 4836923

DWD Contact Information		DWD Locations	
<b>Mailing Address</b>	<b>Phone Number</b>	<b>TDD for hearing impaired</b>	
Department of Workforce Development 10 North Senate UI Benefits, Indianapolis, IN 46204	For Marion County - 1-317-232-6702 or 1-888-WORKONE (1-888-967-5663)	1-317-232-7560	

**How to claim weeks of Unemployment Insurance**

The State of Indiana pays benefits on a weekly basis. Each benefit week begins on Sunday and ends at midnight the following Saturday. To file your weekly claim, you must file after the end of the week for which you want benefits. You must file within three weeks of the beginning of the week for which you want benefits. You may not be eligible for benefits for a week that is filed late. Every new claim begins with a "waiting week". A waiting week is the first eligible week you claim. Although you will not be paid for this week, you must file a weekly claim for the week you serve only one waiting week for each claim benefit year. To file your weekly benefit claim, login to the Unlink system using <https://unlink.in.gov> and choose **FILE MY WEEKLY CLAIM**.

[Print](#) [Claimant Home](#) [Logout](#)

[Go To Job Match](#)

While receiving unemployment insurance benefits you are required to be registered with our job matching service (IC 22-4-14-2). Failure to register with our job matching service within four (4) weeks of filing your claim will cause your benefits to be denied. Please visit <https://www.indianacareerconnect.com/> or report to the WorkOne office in your area to register for work.

At this point, your claim has been filed. Click the "Claimant Homepage" link to visit your homepage.

Remember that you still must file vouchers for each week you are unemployed and wish to receive benefits. All benefit weeks end on Saturday. You can file your voucher for the previous week starting each Sunday.